

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
1 West Wilson Street
Madison, WI 53703

To: BadgerCare Plus Eligibility Handbook Users

From: Amy-Mendel-Clemens, Section Chief
Technical Assistance, Training and Education Section

RE: **BadgerCare Plus Release 10-01**

Release Date: February 25, 2010

EFFECTIVE DATE The following policy additions or changes are effective 02/25/10 unless otherwise noted. **Bold text** denotes new text. Text with a strike through it denotes deleted text.

4.2.1.1 Exempt Populations

Per ops memo 09-23 – Effective 04/01/2009

The following populations are exempt from the new citizenship and identity documentation requirement:

- **Anyone who have ever been eligible for Wisconsin Medicaid or BadgerCare Plus as a Continuously Eligible Newborn (CENS)**

7.6 Good Cause Reasons for dropping insurance coverage

Clarification

5. For pregnant woman (**enrolled or applying for Prenatal Services**) only:

11.1

Changed title of page as clarification

11.1 Out of Home Care (i.e., foster care) **and Youths Exiting Out of home care (YEOHC)**

16.2 Income Types Not Counted

Clarification

#35 Lump Sums Payments

Lump sum payments (rather than recurring payments) from such sources as insurance policies, inheritance, sale of property, Railroad Retirement, Unemployment Compensation benefits, retroactive corrective financial aid payments, etc. are counted as an asset when received. There is no asset test for BC+ (20.1). **The payment can be either unearned or earned income. However, do not include payments that are included in farm or self-employment income .**

Per ops memo 09-10 – Effective 12/01/2008

#13-p

Disregard the first \$500 of the monthly income from Tribal Per Capita

payments from gaming revenue. If the payments are received less than monthly, prorate the gross payment amount over the months it is intended to cover and disregard \$500 from the monthly amount.

This applies to eligibility determinations for BadgerCare Plus.

Per ops memo 09-11

38. The American Recovery and Reinvestment Act (ARRA) of 2009

Disregard the one time payments of \$250 sent to SSI, Veterans, Railroad Retirement, and Social Security recipients as a result of The American Recovery and Reinvestment Act of 2009.

Effective 02/01/2009, disregard the \$25 per week, temporary supplement benefits from Unemployment Compensation (UC).

28.6 Refer to District Attorney

See IMM Chapter 3, [Public Assistance Fraud Program](#) IMM Chapter 11 **Program Fraud Overview** for referral criteria when fraud is suspected.

32.1 Express Enrollment (EE) for Children

Policy Clarification

Children can be temporarily enrolled in the BC+ Standard Plan through the Express Enrollment program, if they meet the following financial and non-financial criteria:

1. Under age 19 **and applying with a parent/guardian.**
2. A U.S. citizen.
3. ~~Family income at or below 150% of the FPL~~
 - **If the child is younger than age 1, the family's gross income must be at or below 250 % of the Federal Poverty Level.**
 - **If the child is age 1 through 5, the family's gross income must be at or below 185% of the Federal Poverty Level.**
 - **If the child is age 6 through 18, the family's gross income must be at or below 150% of the Federal Poverty Level.**

Effective 04/01/09, there is no asset limit for Express Enrollment.

Express Enrollment can begin on the day on which a qualified provider determines that the child meets the criteria listed above by completing an Express Enrollment for Children application.

A child is allowed to have only one period of temporary enrollment in a 12 month period. Qualified certifying agencies who can enroll children include:

- ***Medicaid Providers.***
- ***Head Start programs.***
- ***Authorized Child Care providers.***

- **WIC agencies.**
- **Faith-based organizations such as the YMCA.**
- **Certain Community-based organizations such as the Boys and Girls Club.**
- **Authorized agencies offering emergency food and shelter.**
- **Elementary and secondary schools.**

39.1 Emergency Services

Policy Change – Effective 10/01/2008

BC+ Emergency Services Income Limit

Group	Income
Pregnant Women	Up to 300 250 % FPL
Newborns to age 1	Up to 300 250 % FPL
Children ages 1 - 5	Up to 185% FPL
Children ages 6 - 18	Up to 150% FPL
Youths Existing Out of Home Care	Any FPL Level
Parents and Caretakers	Up to 200 130 % FPL

43.5 Enrollment Dates

Per ops memo 09-58

Note: The EBD Medicaid application filing date can be used as the Core Plan filing date, if:

- **A Core Plan application is received and the application fee is paid within 30 days after the EBD Medicaid denial notice is issued; and**
- **All required verification is submitted prior to the deadline.**

Any EBD applicant with a file date prior to October 10th, who meet the above criteria, will be able to enroll in the Core Plan without being put on the waitlist.

If the applicant is eligible to enroll in the Core Plan, s/he can also choose a later coverage begin date. This option affords a longer certification period for individuals who did not incur any medical expenses while the EBD Medicaid application was being processed.

Example 1: Virginia applies for EBD Medicaid on September 1st. On September 30th, her EBD Medicaid application is processed and it is determined that her income is over the program limits for EBD Medicaid. A six month deductible (September through February) is established. She contacts the ESC to apply for the BadgerCare Plus Core Plan on October 15th and pays her application fee on October 25th. She submitted all required verification timely.

When Virginia’s Core Plan application is approved on November 20th, her enrollment in the Core Plan is approved to begin on October 15th, since that is the date her Core Plan enrollment would have begun if she had applied for the Core Plan and paid the application fee on September 1st. The October 15th enrollment date takes into consideration the 30 days allowed for processing the application had the ESC received the application and the fee on September 1st.

Example 2: Bill applies for EBD Medicaid on September 25th. On November 30th, DDB issued a decision that he is not disabled. He decides to appeal the decision. He seeks Core Plan coverage by calling the ESC and pays the application fee on December 23rd. Bill meets the Core Plan eligibility criteria and is eligible to enroll effective November 1st since that is the date his Core Plan enrollment would have begun if he had applied for the Core Plan and paid the application fee on September 25th.

The November 1st enrollment date takes into consideration the 30 days allowed for processing the application had the ESC received the application and the fee on September 25th. However, Bill can choose to enroll in the Core Plan effective November 15th, December 1st, December 15th, or January 1st. The choice will depend on whether medical expenses were incurred during that time versus a longer certification period.

43.9 Renewals

Clarification of policy.

If the renewal request is not received by the 5th of the **renewal** month, but before the last day of the month, there may be a delay and/or loss of coverage. If eligibility actions are processed timely (within 10 calendar days) by the agency and the member is determined eligible, enrollment resumes on the first day of the next available enrollment period.

Example 1: Angie's request for renewal was due July 5th. She submitted her request on July 25th. The agency processed the request on July 30th and requested verification of income. The verification was turned in on August 2nd. The agency processed the verification and confirmed the Core Plan eligibility on August 10th. Angie's enrollment in the Core Plan began August 15th. She had a gap in coverage from August 1st through August 14th.

Example 2: Alyssa's request for renewal was due August 5th. She submitted her request on August 31st. The agency processed the request on September 8th and requested verification of income. Alyssa returned the verification on September 17th. The ESC updated the verification information and confirmed the Core Plan eligibility on October 3rd. Because the ESC did not process her verification timely, eligibility for the Core Plan will go back to October 1st. She will have a gap in coverage from September 1 through September 30.

43.12 Enrollment Cap

43.12 Enrollment Cap (Waitlist)

50.1 Federal Poverty Level table

A Federal Poverty Level Calculator can be found at <http://www.coalitionclinics.org/fpl.html>.

51.1 Medical Status Codes

The following codes: TB, BC, 5B, 2B, 3B, 4B and EC are now T19 funded. These are effective 10/01/08.